

## LATERAL LITHOTOMY.

This was practiced in 13 cases, with 4 deaths, though two were not directly in consequence of the operation. The patients' ages ranged from 4 to 11 years. Here also he uses drainage that he may apply local treatment to the always present vesical catarrh. In 3 there was considerable primary hæmorrhage. In no case did a fistula result. All the deaths were in the pre-antiseptic period. The average mortality is about 7%, whilst in his cases (2 in 11) it was over 18%.

## LITHOTRIPSY.

Of this there were 18 cases, including three girls, the patients' ages ranging from 3 to 12 years. The number of sittings varied from one to eighteen. In 8 cases even repeated sittings caused no reaction. In only 5 cases could a complete cure be asserted. In 5 cases fragments had to be removed instrumentally after lodging in the urethra; in one even forced dilatation of the external orifice, later external urethrotomy, and finally circumcision of the œdematous prepuce were necessary. In 6 cases cutting operations had still to be resorted to, with 3 deaths. In 2 cases a relapse in after years was treated by cutting.

From the lithotripsy itself there were two deaths (11.4%). Hence he concludes with other writers that this method is only exceptionally permissible in children, as, *e. g.*, where cutting operations are not consented to, in small phosphatic calculi (if such close diagnosis be possible), and in females.—*Arch. f. klin. Chirg.*

WM. BROWNING (Brooklyn).

**VI. On the Diagnosis and Operative Treatment of Tumors of the Urinary Bladder.** By Dr. H. KUEMMELL (Hamburg). The primary neoplasms of the bladder develop either from the prostate as fibro-adenoma, myoma and carcinoma, or from the different layers of tissue composing the bladder walls, namely the mucous, submucous, muscular tissues, or the epithelium, respectively glandular structures of the bladder. The papilloma or fibroma papillare, the most frequent of all bladder tumors, have the greatest interest for the surgeon. They belong to the last named group and are usually found

in the fundus, the trigonum, in the neighborhood of the mouths of the ureters, and the lateral walls of the bladder. We find them more frequently in males than in females. Fibrous polypi and myoma are generally met with in children, the latter especially in female children. Hæmorrhage from the bladder, sudden and unexpected, is the first and most important symptom pointing to the existence of a tumor in this organ. Hæmorrhages from the urethra, consequent to traumata of various kinds (introduction of sounds, etc.), is characterized by the appearance of some drops of blood or some blood coagulum, this being followed by a stream of clear urine. In hæmorrhages from the kidney or its pelvis the urine and blood are evenly mixed. In cases of tumors of the bladder, on the contrary, the stream of urine is at first quite clear or but very slightly tinged with blood; finally, however, it becomes one of almost pure blood. Another symptom is the frequent desire to urinate; pains and drawing sensations in the urethra, perineum and anus follow. These latter are, however, more apt to occur in cases of malignant tumors. Catarrh of the bladder sets in, in many cases undoubtedly caused by the necessary and frequent introduction of catheters, sounds, etc. The diagnosis may be, furthermore, assured by the detection and microscopical examination of particles of tumor. In females the diagnosis will be easy and certain, but in men this is much more difficult. A combined examination, in the latter cases, through the abdomen and rectum; examination furthermore with the catheter, will be found necessary. Küster's instrument, consisting of a catheter, having a sharp-edged, oval-shaped opening on its convex side, for bringing away portions of the neoplasm, is useful. In endoscopy we have, moreover, a diagnostic means at our disposal, which has proved itself valuable in a number of cases.

Direct digital exploration of the bladder is, however, the most reliable means for diagnosis. In women this is comparatively easily accomplished, but in male subjects it is only possible by means of the boutonniere, external urethrotomy.

There are various methods of removing such tumors, and the choice of them must depend on the position, size and other conditions of the tumor. Small growths with long pedicles, in women, may be removed

through the dilated urethra, with properly constructed forceps or by means of the galvano-cautery or wire snare. Colpocystotomy, as introduced by Simon, the author recommends highly, when the tumors are not too large and the vagina not too small.

In cases of large tumors, and where these may not be reached in the above named manner, owing either to their position or extensive growth, the author recommends suprapubic cystotomy as the most rational and certain method of removal. In male patients the choice would lie between the *sectio mediana* and the *sectio alta*. Thomson prefers the former, whilst Guyon has adopted the latter method entirely. The author, however, is of the opinion that a certain and thorough removal of all such tumors, especially benignant growths, is only possible by means of the *sectio alta*. This affords a clear and unobstructed view into the interior of the bladder, and small growths can be detected and removed. Large ones are only removable in this manner.

Küster's method of excising that portion of the mucous membrane to which the neoplasm is attached, and closing the wound with catgut sutures, is the best and most radical. The author closes the bladder after the operation, using several rows of catgut sutures, the first uniting the mucosa, the second the muscularis, the third the more external tissues. The cutis is only united at the upper end of the wound to prevent a prolapse of the intestines. The remaining portion of the wound is plugged with iodoform gauze. He regards this method of procedure as the best, and he never had any disagreeable results in his own cases. The catheter is allowed to remain in the bladder.

In conclusion Kümmell gives the history of the following cases:

The first case was one of papilloma of the bladder in a male patient *æt.* 31. Suprapubic cystotomy; excision of the tumor; wound closed as above described. Catheter was removed, by mistake, on the fifth day, causing a small fistula to form in the wound. Catheter replaced. Fistula healed in fourteen days. Recovery in five weeks.

The second case was that of a woman, unmarried, *æt.* 42. Papilloma of the posterior wall of the bladder. Colpocystotomy; excision of tumor; suture of the mucous membrane; recovery.

In the third case the patient was 70 years old, with an adenoma of the prostate. Sectio alta; removal of the tumor with Paquelin cautery; suture of the bladder, etc., as above described. Catheter changed at times. Irrigation of bladder every day. Wound healed in ten days. Severe catarrh of the urethra set in, causing probably the subsequent epididymitis. Abscesses of the scrotal tissues followed, but healed quickly after incision. Patient was up four weeks after operation. Complete recovery excepting a slight catarrh of the bladder.—*Deutsch. Med. Wochens.*, No. 7., Feb. 14, 1887.

C. J. COLLES, (New York).

V. Fibroma of the Epididymis. By M. PONCET (Lyons). An unusually large example of this rare disease occurred in the case of a man *æt.* 57, admitted into the Hotel Dieu at Lyons. During the time he had noticed its existence, about five months, it had grown rapidly and was the size of child's head. Nevertheless testicular sensation could still be attained in front of the swelling, and there were no adhesions to the scrotum. Beyond the history of a blow on the part some two years previously there was nothing to point to any cause. Castration was performed with a good result. The tumor, which was shown to be a pure fibroma, had started in the globus minor, it weighed no less than two and half pounds. (*Gazette des Hopitaux*, May 14, 1887.

Most of the cases of true fibroma in this region (from which, of course, the "recent fibroid" or sarcoma must be carefully distinguished) have occurred in elderly patients, Thos. C. Heath (*Path. Trans.*, xvi, p. 183) records a precisely similar case to the above in a man *æt.* 56, and W. Harvard (*ibid.*, vol. xxiii, p. 168) and connected with the tunica albuginea in a patient *æt.* 81. The enormous size to which some fibromata within the scrotum attain is exemplified by cases recorded by Paget (*Surgical Pathology*, p. 464) in which the tumor weighed twenty-four pounds, and by Lesavanges in which it reached forty-four pounds. Both were in patients of very advanced age.

J. HUTCHINSON JR., (London).

VI. Removal of an Enormous Calculus from the Pelvis of the Kidney. By FRANCIS J. SHEPHERD, M.D., (Montreal). A man,